DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED
HEALTH CARE FINANCING ADMINISTRATION OMB NO. 0938-0193

OFFICIAL FILE COPY

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| TRANSMITTAL AND NOTICE OF APPROVAL OF | 1. TRANSMITTAL NUMBER: | 2. STATE | |
| STATE PLAN MATERIAL | 03-08 | Louisiana | |
| FOR: HEALTH CARE FINANCING ADMINISTRATION | | | |
| | 3. PROGRAM IDENTIFICATION: SECURITY ACT (MEDICAID) | TITLE XIX OF THE SOCIAL | |
| TO: REGIONAL ADMINISTRATOR | 4. PROPOSED EFFECTIVE DATE | | |
| HEALTH CARE FINANCING ADMINISTRATION | January 1, 2003 | | |
| DEPARTMENT OF HEALTH AND HUMAN SERVICES TYPE OF PLAN MATERIAL (Check One): | | | |
| □ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED. | AS NEW PLAN AMENDMENT | | |
| | W | 1 | |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMI 6. FEDERAL STATUTE/REGULATION CITATION: | | | |
| | 7. FEDERAL BUDGET IMPACT: 1 | | |
| Section 1933 of the Social Security Act | a. FFY <u>2003</u> | \$0 | |
| | b. FFY 2004 | <u>(\$171.30)</u> | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: | 9. PAGE NUMBER OF THE SUPE ATTACHMENT (If Applicable): | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): | |
| Preprint Pages 21a, 29a, & 29b | Same (TN 98-05) | | |
| of the Social Security Act. | gred: 040403 | una (03-05) | |
| 1. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT | fores fores fores o il 6/103 (AS SPECIFIED: The Governor do | pes not review state plan materi | |
| | Fores The: 0 1/0/03 (AS SPECIFIED: The Governor do | pes not review state plan materi | |
| COMMENTS OF GOVERNOR'S OFFICE ENCLOSED | Fores Fores o il 6/103 Exas specified: The Governor do | pes not review state plan materi | |
| COMMENTS OF GOVERNOR'S OFFICE ENCLOSED | 16. RETURN TO: | pes not review state plan materi | |
| C COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY DECEIVED WITHIN 45 DAYS OF SUBMITTAL | | pes not review state plan materi | |
| TCOMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY DECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED WAME: | 16. RETURN TO: | | |
| COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL WHO WAS ARRESTED TO THE STATE AGENCY OFFICIAL. | 16. RETURN TO: State of Louisiana | | |
| TOOMMENTS OF GOVERNOR'S OFFICE ENCLOSED IN OREPLY DECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL 13. TYPED MAME: David W. Hood 14. TITLE: | 16. RETURN TO: State of Louisiana Department of Health and | | |
| COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED WAME: David W. Hood | 16. RETURN TO: State of Louisiana Department of Health and 1201 Capitol Access Road PO Box 91030 | • | |
| TOMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL 13. TYPED WAME: David W. Hood 14. TITLE: Secretary | 16. RETURN TO: State of Louisiana Department of Health and 1201 Capitol Access Road | Hospitals | |
| 13. TYPED WAME: David W. Hood 14. TITLE: Secretary 15. DATE SUBMITTED: | 16. RETURN TO: State of Louisiana Department of Health and 1201 Capitol Access Road PO Box 91030 Baton Rouge, LA 70821-9 | Hospitals | |
| TOOMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL 13. TYPED WAME: David W. Hood 14. TITLE: Secretary 15. DATE SUBMITTED: March 26, 2003 FOR REGIONAL O 17. DATE RECEIVED: | 16. RETURN TO: State of Louisiana Department of Health and 1201 Capitol Access Road PO Box 91030 Baton Rouge, LA 70821-9 | Hospitals | |
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23. REMARKS: Federal Budget Impact:

FFY 2003 -No estimated impact. Payment of \$171,301 made in January 2003 for the previous calendar year.

FFY 2004 – Estimated decrease. Effective January 1, 2003, coverage for this mandatory eligibility group was terminated. No additional payments for QI-2s for FFY 2004.

FORM HCFA-179 (07-92)

Revision:

LA January 2003

State: LOUISIANA

1925 of the Act

(a) (5) Other Required Special Groups: Families
Receiving Extended Medicaid Benefits

Extended Medicaid benefits for families described in section 1925 of the Act are provided as indicated in item 3.5 of this plan

Superseded By 98-05

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| | DATE REC'S 3 - 28 - 03 | ^ |
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| | DATE EFF 1-1-03 | |
| İ | HCFA 179 03-08 | |

Revision:

LA

January 2003

State: LOUISIANA

Citation

1902 (a) (10) (E) (ii) and 1905 (s) of the Act

(ii) Qualified Diabled and Working Individual (QDWI)

The Medicaid agency pays Medicare Part A premiums under a group premium payment arrangement, subject to any contribution required as described in <u>Attachment 4.18-E</u>, for individuals in the QDWI group defined in item A.26 of <u>Attachment 2.2-A</u> of this plan.

1902 (a) (10) (E) (iii) and 1905 (p) (3) (A) (ii) of the Act

(iii) Specified Low-Income Medicare Beneficiary (SLMB)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals in the SLMB group defined in item A.27 of Attachment 2.2-A of this plan.

1902 (a) (10) (E) (iv) (I), 1905 (p) (3) (A) (ii), and 1933 of the Act

(iv) Qualifying Individual -1(OI -1)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals described in 1902 (a) (10) (E) (iv) (I) and subject to 1933 of the Act.

Superseded By 98-05

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January 2003

State: LOUISIANA

Citation

1843 (b) and 1905 (a) of the Act and 42 CFR 431.625

(v) Other Medicaid Recipients

The Medicaid agency pays Medicare Part B premiums to make Medicare Part B coverage available to the following individuals:

X All individuals who are: a) receiving benefits under titles I, IV-A, X, XIV, or XVI (AABD or SSI); b) receiving State supplements under title XVI; or c) within a group listed at 42 CFR 431.625 (d)(2).

____ Individuals receiving title II or Railroad Retirement benefits.

Medically needy individuals (FFP is not available for this group).

1902 (a) (30) and 1905 (a) of the Act (2) Other Health Insurance

The Medicaid agency pays insurance premiums for medical or any other type of remedial care to maintain a third party resource for Medicaid covered services provided to eligible individuals (except individuals 65 years of age or older and disabled individuals, entitled to Medicare Part A but not enrolled in Medicare Part B).

DATE REFE 1-1-03

DATE REFE 1-1-03

Superseded By 98-05

| TN No. | 03-08 | _ Approval Date | 4-4-03 |
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Effective Date /-/-03

Supersedes
TN No. _ 98-05